

Facility Name:

Vaccine Order Form

Alaska Department of Health and Social Services

Epidemiology Vaccine Depot 9210 Vanguard Drive - Suite 102A Anchorage, Alaska 99507

Telephone: (907) 341-2202 FAX: (907) 341-2228

- . Please order your vaccine supplies MONTHLY. Smaller orders allow us to improve our inventory control and reduce vaccine waste.
- . The State-Supplied Vaccine Usage Report, Vaccine Return Form and COPIES of current temperature logs and temperature graphs from main vaccine storage units must be submitted with every Vaccine Order Form.
- . Please allow three (3) weeks for delivery.

Address:	Facility PIN #:			
Telephone:		FAX:		
Person Completing Form:	E-mail Address: Note: Anchorage-vicinity providers will be notified when their orders are ready for pick up.			
Date:/				
Vaccine / Biologicals	Current Vaccine Inventory*	Doses Ordered	Total Vaccine Usage, by antigen (from "Total" column on State-Supplied Vaccine Usage Report)	Vaccine Returned, by antigen (from Vaccine Return Form)
DT (pediatric)				
DTaP (pediatric)				
DTaP / Hep B/ IPV (combination)				
Hepatitis A (pediatric)				
Hepatitis B (pediatric)				
Hib (Haemophilus influenzae type b)				
HPV4 (Human papillomavirus)				
Influenza		Separate form used for influenza orders		
IPV (Inactivated poliovirus)				
MCV4 (Meningococcal conjugate)				
MMR & diluent				
PCV7 (Pneumococcal conjugate)				
PPSV23 (Pneumococcal polysaccharide)				
RV5 (Rotavirus)				
Td (adult)				
Tdap (adult)				
Varicella & diluent (shipped directly from mfr)				
Biologicals:	The following biologicals require only "Doses Ordered" information. Temperature logs are not required from providers receiving only PPD.			
PPD				

Please use the same Facility Name each time you place an order.

^{*} Inventory required for ALL vaccines (not just those being ordered today).